



#11
J. Douglas
4/15/03

PTO/SB/122 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

United States Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS
Application**

Address to:
Commissioner for Patents
Washington, NC 20231

| | |
|-------------------------|---------------|
| Application Number: | 09/748,905 |
| Filing Date: | March 5, 2001 |
| First Named Inventor: | Steading |
| Art Unit: | 2614 |
| Examiner Name | |
| Attorney Docket Number: | BS00431 |

Please change the Correspondence Address for the above-identified patent application to:

☐ Customer Number

or



| | | | | | |
|-------------------------|-------------------------|------------|--------------|-----|-------|
| Firm or Individual Name | Scott P. Zimmerman PLLC | | | | |
| Address | P. O. Box 3822 | | | | |
| City | Cary | State | NC | Zip | 27519 |
| Country | USA | | | | |
| Telephone | 919-387-6907 | Fax Number | 919-387-6959 | | |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

This form will not affect any "fee address" provided for the above-identified patent. To change a "fee address" use the "Fee Address Indication Form" (PTO/SB/47).

I am the:

- ☐ Patentee.
☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
☒ Attorney or agent of record

RECEIVED

APR 10 2003

Technology Center 2600

| | |
|-----------------------|---------------------------|
| Typed or Printed Name | Scott P. Zimmerman 41,390 |
| Signature | |
| Date | 03 APR 2003 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ * Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, US Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.